Application or Docket Number

| Effective January 1, 2003   |  |   |              |                                |                     |                  |   |           |                   |                        |       |                               | _                      |  |
|---|--|---|--------------|--------------------------------|---------------------|------------------|---|-----------|-------------------|------------------------|-------|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1)   |  |   |              |                                |                     | (Column 2)       |   |           | SMALL ENTITY TYPE |                        |       | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |   | 7            |                                |                     |                  |   | RATE      |                   | FEE                    |       | RATE                          | FEE                    |  |
| FOR   |  |   | NUMBER FILED |                                | NUMBER EXTRA        |                  |   | BASIC FEE |                   | 375.00                 | OR    | BASIC FEE                     | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 7 minus 20=  |                                | · 8                 |                  |   | X\$ 9=    |                   |                        | OR    | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS  |  |   | minus 3 ≈    |                                | *                   | P                |   | X42=      |                   |                        | OR    | X84=                          |                        |  |
| MU  | LTIPLE DEPEN                                   | IDENT CLAIM PI                            | RESENT       |                                |                     |                  |   |           | +140=             |                        | OR    | +280=                         |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |              |                                |                     |                  |   | TOTAL     |                   |                        | OR    | TOTAL                         | 70                     |  |
| 10-14-CLAIMS AS AMENDED - PART II   |  |   |              |                                |                     |                  |   | 1017      |                   |                        | Un    | OTHER                         |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                                |                     |                  |   | SMAL      | LE                | ENTITY                 | OR    | SMALL                         |                        |  |
| AMENDMENTA  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUMI<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA |   | RATE      |                   | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | · L0                                      | Minus        | ** 2                           | 20                  | =                |   | X\$ 9=    |                   |                        | OR    | X\$18=                        | $\bigcap$              |  |
|   | Independent                                    | * j                                       | Minus        |                                |                     |                  |   | X42=      |                   |                        | OR    | X84=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |              |                                |                     |                  |   | +140:     |                   |                        | OR    | +280=                         |                        |  |
|   |  |   |              |                                |                     |                  |   | TOT       |                   |                        | OR    | TOTAL<br>ADDIT, FEE           |                        |  |
|   |  | (Column 1)                                |              | (Colur                         | nn 2)               | (Column 3)       | • | ADDIT. F  | ee I              |                        |       | ADUII. FEE                    |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID  | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |   | RATE      |                   | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus        | **                             |                     | =                |   | X\$ 9:    | =                 |                        | OR    | X\$18=                        |                        |  |
|   | Independent                                    | NTATION OF MU                             | Minus        | PENDENT                        | CLAIM               | -                |   | X42=      |                   |                        | OR    | X84=                          |                        |  |
|   | 11107773202                                    | NAME OF THE                               | JENN CE DE   | 3 240241                       | CLAM                |                  | ' | +140=     | =                 |                        | OR    | +280=                         |                        |  |
| A   |  |   |              |                                |                     |                  |   |           | AL<br>EE          |                        | OR    | TOTAL<br>ADDIT, FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                                |                     |                  |   |           |                   |                        |       |                               | -                      |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUMI<br>PREVIO<br>PAID | BER                 | PRESENT<br>EXTRA |   | RATE      |                   | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus        | **                             |                     | =                |   | X\$ 9=    |                   |                        | OR    | X\$18=                        |                        |  |
|   | Independent                                    | •   | Minus        | ***                            |                     | =                | П | X42=      |                   |                        | 00    | X84=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                |                     |                  |   |           | ᅱ                 |                        | OR    |                               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |              |                                |                     |                  |   |           |                   | OR                     | +280= |                               |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                                |                     |                  |   |           |                   |                        |       |                               |                        |  |